

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						09/1937591						APPLICANT(S)	
						CLAIMS						*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1			51							
2	1		1			52							
3	2		1			53							
4	8		1			54							
5	1		1			55							
6	10		1			56							
7	600		1			57							
8	60		1			58							
9	1		1			59							
10	1		1			60							
11	1		1			61							
12	1		1			62							
13	8		1			63							
14	8		1			64							
15			1			65							
16			1			66							
17			1			67							
18			1			68							
19			1			69							
20			1			70							
21			1			71							
22			1			72							
23			1			73							
24			1			74							
25			1			75							
26			1			76							
27			1			77							
28			1			78							
29			1			79							
30			1			80							
31			1			81							
32			1			82							
33			1			83							
34			1			84							
35			1			85							
36			1			86							
37			1			87							
38			1			88							
39			1			89							
40			1			90							
41			1			91							
42			1			92							
43			1			93							
44			1			94							
45			1			95							
46			1			96							
47			1			97							
48			1			98							
49			1			99							
50			1			100							
TOTAL IND.			2			TOTAL IND.							
TOTAL DEP.		2	18			TOTAL DEP.							
TOTAL CLAIMS		20				TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831